

**PART B - FEE(S) TRANSMITTAL**

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10/19/2006

PILLSBURY WINTHROP SHAW PITTMAN, LLP  
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(Depositor's name)

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/538,139	06/09/2005	Christophe Martinez	007875-0316312	1495

**TITLE OF INVENTION: INTEGRATED OPTICS COUPLING ELEMENT COMPRISING A GRATING PRODUCED IN A CLADDING AND METHOD FOR MAKING SAME** *ITS FABRICATION METHOD* **CREATED**

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$0	\$1000	01/19/2007
EXAMINER	ART UNIT	CLASS-SUBCLASS				
PENG, CHARLIE YU	2883	385-037000				
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list up to 3 registered patent attorneys or agents OR, alternatively,	3. For printing on the patent front page, list up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	4. For printing on the patent front page, list up to 3 registered patent attorneys or agents OR, alternatively,	5. For printing on the patent front page, list up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	6. For printing on the patent front page, list up to 3 registered patent attorneys or agents OR, alternatively,	7. For printing on the patent front page, list up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.	<input type="checkbox"/> (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,	<input type="checkbox"/> (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,	<input type="checkbox"/> (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,	<input type="checkbox"/> (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,	<input type="checkbox"/> (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,	<input type="checkbox"/> (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
<input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	<input type="checkbox"/> (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	<input type="checkbox"/> (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	<input type="checkbox"/> (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	<input type="checkbox"/> (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	<input type="checkbox"/> (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	<input type="checkbox"/> (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

**3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)**

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for reoordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

**TEEM PHOTONICS**

**Meylan, France**

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

**4a. The following fee(s) are submitted:**

Issue Fee  
 Publication Fee (No small entity discount permitted)  
 Advance Order - # of Copies 3

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A check is enclosed.  
 Payment by credit card. Form PTO-2038 is attached.  
 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 03-3908 (enclose an extra copy of this form).

**5. Change in Entity Status (from status indicated above)**

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Christophe F. Lair

Date January 4, 2007

Typed or printed name Christophe F. Lair

Registration No. 54248

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